| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application or Tocket Number OP 96 070 C. I. | | | | | | | | | | | | |
|---|--|---|------------------|------------------------------|------------------------------|------------------|----------|----------------|------------------------|----------|----------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | л пү | OR | OTHER SMALL | |
| TO | TAL CLAIMS | | 14 | | | | F | RATE | FEE | | RATE | FEE |
| FO | R | | NUMBER FILED | | NUMBER EXTRA | | ВА | SIC FEE | 355.00 | OR | Basic Fee | 710.00 |
| TO | TAL CHARGEA | BLE CLAIMS | 10 minus 20= | | • | | | X\$ 9= | | OR | X\$18= | |
| BND | EPENDENT CL | AIMS | 2_ minus 3 = | | | | | X40= | | OR | X80= | |
| MEU | LTIPLE DEPEN | DENT CLAIM P | RESENT | | | | | 135= | | | +270= | |
| * If the difference in column 1 is less than zero, enter *0" in column 2 | | | | | | | | OTAL | | OR OR | TOTAL | סור |
| Claims as amended - Part II | | | | | | | | UIAL | | UA | OTHER | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | WALL I | ENTTY | OR | SMALLE | |
| AMENDMENT A | 12/22/05 | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI PAID | BER CUSLY | PRESENT EXTRA | f | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | . 18 | Minus | - 0 | 0 | - Ø | | (\$ 9 = | · | OR | X\$18= | |
| | Independent | • ચે | Minus | | ვ | -Ø | , | K40= | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ' | | | | | | | 135= | | OR | +270= | |
| | | | | | | | | TOTAL | | | VOVAL | |
| 1 | 1/2/16 | ADI | DIT. FEE | <u></u> | JUI . | ADDIT. FEE | | | | | | |
| AMENOMENT B | and the straight | (Column 1) CLAIMS - REMAINING AFTER AMENDMENT | 1897 6 | HIGH NUA PREVI | MEST ABER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • : 21. | Minus | ٠, ، فه | 20 | - / |] [; | K\$ 9= | | OR | X\$18= | .50 |
| | Independent | •••• | Minus | *** | 3 · | • 2 | | X40= | | OR | X80= | Ya |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 105 | | | +270= | - 7 |
| ٠ | | | | | • | | Ļ | 135= 101AL | | OR | YOTAL | (K) |
| | | | | | | | | DIT. FEE | | OR | ADDIT. FEE | 900 |
| | · · · | (Column 1) | 1 | RIG | IMN 2) RESY | (Column 3) | | | ADDI- | i | | ADDI- |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | PREV | ABER LOUSLY FOR | PRESENT | | RATE | TIONAL FEE | | RATE | TIONAL FEE |
| SE OF | Total | • 2 : | Minus | ** | | = | | ¢\$ 9≃ | | OR | X\$18= | , |
| E | Independent | • | Minus | 95°6 | | - | | X40= | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 135= | | | +270= | |
| • If the entry in column 1 is less than the entry in column 2, write "V" in column 3. | | | | | | | | | | OR | TOTAL | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE Tighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | <u></u> |
| | The Highest Nun | nber Previously Pa | ild For (Total o | indepen | denti) is th | e nighest numb | er tound | in the ap | propriete bo | x en cc | wann t. | |

FORM PTO-675 (Rev. 8/00)